

# **EXHIBIT MR 3**

**MARGARITA C. TORRES**

COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS

OFFICE OF THE GOVERNOR  
Capitol Hill  
Saipan, Northern Mariana Islands 96950

## MEMORANDUM

TO : All Department and Activity Heads

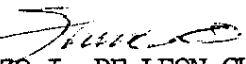
DATE: 31 JAN 1990

FROM : Governor

SUBJECT: Appointment of Special Assistant for Women's Affairs

This is to inform you that, pursuant to Constitutional Amendment No. 21, I have appointed Ms. Margaret C. Torres as my Special Assistant for Women's Affairs, effective immediately.

Please extend your full cooperation and assistance to Ms. Torres as she carries out her responsibilities.

  
LORENZO I. DE LEON GUERRERO

*Rec'd 2/1/90  
m*

COMMONWEALTH OF THE NORTHERN MARIAN ISLANDS  
OFFICE OF THE CIVIL SERVICE COMMISSION  
P.O. Box 150 CHRB, Saipan, MP 96950

NOTIFICATION OF PERSONNEL ACTION

CSC-P-02

1. NAME: (CAPS) Last - First - Middle <b>TORRES, MARGARITA C.</b>			Mr. Mrs. Miss <b>(MRS.)</b>	2. CITIZENSHIP <b>U.S.</b>	3. SERVICE COMP DATE	4. BIRTH DATE Month Day Year <b>09 07 46</b>		
5. SOCIAL SECURITY No. <b>586-10-6550/00637</b>		6. GROUP LIFE INSURANCE <b>Covered</b>		7. HEALTH INSURANCE: Code No. _____ <b>Waived</b>				
8. NATURE OF ACTION: <b>Appointment</b>						9. EFFECTIVE DATE Month Day Year <b>01 31 90</b>		
10. FROM: POSITION TITLE & NUMBER				11. PAY LEVEL/STEP		12. SALARY : BI-WEEKLY : PER ANNUM:		
13. NAME & LOCATION OF EMPLOYING OFFICE:						14. DUTY STATION		
15. TO: POSITION TITLE & NUMBER <b>Special Assistant for Women's Affairs</b>				16. PAY LEVEL/STEP <b>Ungraded</b>		17. SALARY : BI-WEEKLY : <b>\$1,384.61</b> PER ANNUM: <b>\$36,000.00</b>		
18. NAME & LOCATION OF EMPLOYING OFFICE: <b>Office of the Governor</b>						19. DUTY STATION <b>Saipan</b>		
20. ELIGIBLE FOR LEAVE ACCRUAL:			NO. OF HOURS PER PAY PERIOD <b>08</b>		NO. OF HOURS PER PAY PERIOD <b>04</b>			
<input checked="" type="checkbox"/> ANNUAL			<input checked="" type="checkbox"/> SICK					
21. ACCOUNT CHARGEABLE: <b>1022-4110</b>			22. SUBJECT TO: GNM Income Tax <input checked="" type="checkbox"/> CNMI Retirement <input checked="" type="checkbox"/> Social Security <input type="checkbox"/> Other <input type="checkbox"/>					
23. REMARKS:								

Ref: Governor's memo dated 01/31/90.

Mandatory retirement membership per Public Law 6-17.

## DISTRIBUTION:

1. Employee
2. Personnel-OPF
3. Payroll
4. Department Head
5. Budget

SIGNATURE:

Acting

*Alonzo Agisomar*  
**ALONZO AGISOMAR**  
PERSONNEL OFFICER

DATE

*posted*



**COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS  
OFFICE OF THE CIVIL SERVICE COMMISSION  
P.O. Box 5150 CHRB, Saipan, MP 96950**

**NOTIFICATION OF PERSONNEL ACTION**

CSC-P-02 (Revised 01/13/93)

1. NAME: (CAPS) Last - First - Middle <b>TORRES, MARGARITA C.</b>		Mr. Mrs. Miss <b>(MRS.)</b>	2. CITIZENSHIP <b>U.S.</b>	3. SERVICE COMP DATE <b>02/10/73</b>	4. BIRTH DATE Month Day Year <b>09 07 46</b>
5. SOCIAL SECURITY No. <b>586-10-6550/00637</b>		6. GROUP LIFE INSURANCE <b>Covered</b>		7. HEALTH INSURANCE: Code No. _____ <b>Waived</b>	
8. NATURE OF ACTION: <b>Resignation</b>				9. EFFECTIVE DATE Month Day Year <b>06 30 93</b>	
10. FROM: POSITION TITLE & NUMBER <b>Special Assistant for Women's Affairs</b>			11. PAY LEVEL/STEP <b>Ungraded</b>	12. SALARY BI-WEEKLY : <b>\$1,661.54</b> PER ANNUM : <b>\$43,200.00</b>	
13. NAME & LOCATION OF EMPLOYING OFFICE: <b>Office of the Governor, Women's Affairs Office</b>				14. DUTY STATION <b>Saipan</b>	
15. TO: POSITION TITLE & NUMBER			16. PAY LEVEL/STEP	17. SALARY BI-WEEKLY : PER ANNUM :	
18. NAME & LOCATION OF EMPLOYING OFFICE:				19. DUTY STATION	
20. ELIGIBLE FOR LEAVE ACCRUAL: <input checked="" type="checkbox"/> ANNUAL      NO. OF HOURS PER PAY PERIOD <b>08</b> <input checked="" type="checkbox"/> SICK      NO. OF HOURS PER PAY PERIOD <b>04</b>					
21. ACCOUNT CHARGEABLE: <b>1030-6111</b>		22. SUBJECT TO: GNM Income Tax <input checked="" type="checkbox"/> CNMI Retirement <input checked="" type="checkbox"/> Social Security <input type="checkbox"/> Other <input type="checkbox"/>			
23. REMARKS:					

Ref: Employee's resignation letter dated 06/01/93.

Entitled for lump sum payment of all unused Annual Leave. Sick Leave balance will be kept in employee's record for a period of three (03) years effective from the date of resignation.

**DISTRIBUTION:**

1. Employee - White
2. Personnel - Green
3. Payroll - Yellow
4. Department Head - Pink
5. Budget - Golden Rod

**ENTERED 28 JUL 1993**

SIGNATURE:

**NORBERT S. SABLAN**

PERSONNEL OFFICER

DATE

*7/26/93*